National Adolescent Health Information Center

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2006 Fact Sheet on Mortality:

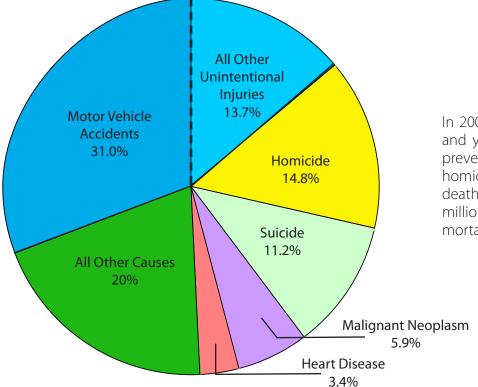
Adolescents & Young Adults

Highlights:

- ▶ The majority of adolescent and young adult deaths are due to preventable causes.
- ▶ Young adults have 5 times the mortality rate of younger adolescents.
- ▶ Motor vehicle accidents are the leading cause of death for adolescents and young adults.
- ▶ Young males are more likely to die from each leading cause of death.
- ▶ Mortality rates are highest among young American Indian/Alaskan Native and Black males.
- Mortality rates have decreased overall since 1980.

> The majority of adolescent and young adult deaths are due to preventable causes.

Leading Causes of Death, Ages 10-24, 2003¹



In 2003, 71% of deaths among adolescents and young adults ages 10-24 were due to preventable causes of unintentional injury, homicide and suicide. There were 37,624 deaths in 2003 among a population of 62.4 million in this age group, which represents a mortality rate of 60.3/100,000.1

> Young adults have 5 times the mortality rate of younger adolescents.

Mortality Rates by Age and Gender, Ages 10-24, 2003¹ 160 140.3 ■ Females Males 120 Deaths per 100,000 92.3 80 49.8 39.0 40 23.1 15.0 0 Ages 10-14 Ages 15-19 Ages 20-24

In 2003, young adults ages 20-24 were 5 times more likely to die than younger adolescents ages 10-14. Mortality rates continue to increase throughout the lifespan. Males have higher mortality rates than their female peers, a disparity that increases with age. For young adolescents ages 10-14, the death rate for males was 1.5 times that of females; this difference in rates increased to 2.4 for adolescents ages 15-19 and 2.8 for young adults ages 20-24.1

Motor vehicle accidents are the leading cause of death for adolescents and young adults.

Motor Vehicle

Accidents

Young males are more likely to die from each leading cause of death.

Motor vehicle accidents (MVAs) account for the largest portion of mortality among adolescents and young adults. The overall MVA mortality rate for those ages 15-24 is 6 times higher than the rate for ages 10-14. For suicide and homicide mortality, the age difference is more pronounced: the suicide rate for ages 20-24 is 10.1 times that of ages 10-14; for homicide rates this figure is 16.5.1

NH(s)=non Hispanic(s)

1.2
7.3
12.1
1.0
Homicide
9.5
16.5

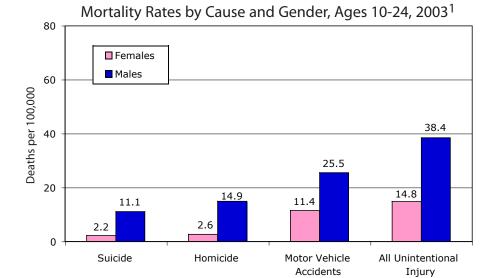
25.2

26.9

Mortality Rates by Cause and Age, Ages 10-24, 2003¹

0 20 40 Deaths per 100,000

4.3



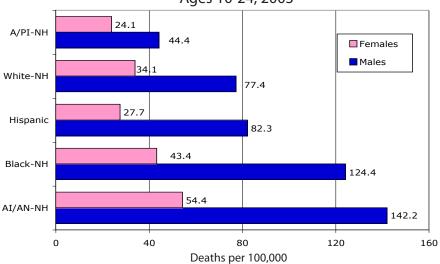
Males have markedly higher mortality rates for each major cause of death. The gender differences in mortality are greatest for homicide, with males 5.7 times more likely to die than females. For other major causes of death, this proportion is 5.0 for suicide, 2.6 for all unintentional injury, and 2.2 for MVAs.¹

60

80

Mortality rates are highest among young American Indian/Alaskan Native and Black males.

Mortality Rates by Race/Ethnicity* and Gender, Ages 10-24, 2003¹

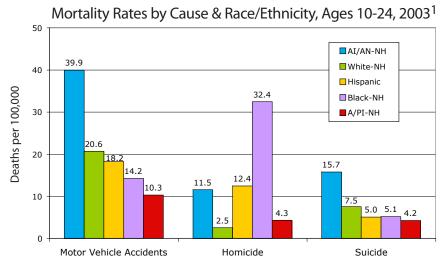


American Indian/Alaskan Native and Black non Hispanic males ages 10-24 have the highest mortality rate among same-age racial/ethnic groups. Among same-age females, Al/AN-NHs* also have the highest mortality rate, followed by Black-NHs and White-NHs.1

▶ The racial/ethnic disparities in adolescent and young adult mortality are greatest for homicide.

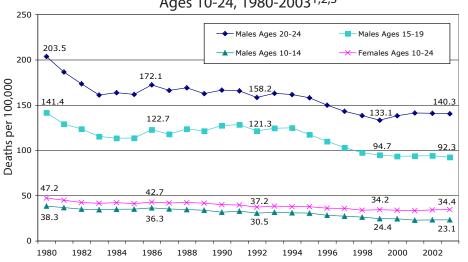
Large racial/ethnic disparities exist for homicide, with rates for Black-NH adolescents and young adults at 2.6 to 12.0 times that of other racial/ethnic groups in 2003. American Indian/ Alaskan Native-NH adolescents have the highest mortality rates among all racial/ethnic groups for MVAs and suicide.¹

NH(s)=non Hispanic(s)



Mortality rates have decreased overall since 1980.

Trends in Mortality Rates by Gender and Age, Ages 10-24, 1980-2003^{1,2,3}



Overall, the mortality rates for adolescents and young adults decreased from 1980-2003. During the early 1980s, there was a steep decline in mortality rates; through the mid-1980s and early 1990s, the rates increased slightly; this was followed by a slight decline in rates during the mid-1990s. However, since 1999, rates have leveled off or increased slightly.^{1,2}

Data and Figure Sources & Other Notes:

- 1. National Center for Injury Prevention and Control [NCIPC]. (2006). Fatal Injury and Leading Causes of Deaths Reports [Online Database]. Atlanta, GA: Centers for Disease Control and Prevention. [Available online at URL (11/06): http://www.cdc.gov/ncipc/wisqars/]
- 2. Centers for Disease Control and Prevention [CDC]. (2006). CDC Wonder: Compressed Mortality/Population Data [Private Data Run]. Atlanta, GA: Author. [Available online at URL (11/06): http://wonder.cdc.gov/mortSQL.html]
- 3. The female mortality trend is presented in one age group (ages 10-24) because the rates among the three age groups differed only slightly compared to the sizeable differences in male rates for the three age groups.

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. In some cases, trend data with demographic breakdowns (e.g., race/ethnicity) are relatively limited. For racial/ethnic data, the category names presented are those of the data sources used. Every attempt was made to standardize age ranges; when this was not possible, age ranges are those of the data sources used. For any questions regarding data presented, please contact NAHIC.

NAHIC Briefs & Fact Sheets

A Health Profile of Adolescent & Young Adult Males

Fact Sheet on Demographics: Adolescents & Young Adults

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

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Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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All listed Briefs & Fact Sheets can be downloaded at http://nahic.ucsf.edu/.





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